

## SECURE CARE STUDENT SURVEY

Facility \_\_\_\_\_ SITE \_\_\_\_\_

Please answer each question with information about yourself and your experiences with special education in this school.  
**Please return the survey in the pre-addressed envelope.** Thank you for your time and information.

How long have you been receiving Special Education services? \_\_\_\_\_

**FOR TEAM  
USE ONLY**

1. Describe the good things going on in your special education program.

Do you have concerns about your special education program?

2. Were you evaluated or reevaluated this year?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ I

If NO, please go to question 3.

\_\_\_\_\_ O

II.A.2.a

Did the team consider your information?

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments:

Were your rights explained to you before you agreed to any new testing?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ I

Comments:

\_\_\_\_\_ O

V.A.2.a

Were these rights given to you in a way that was easy to understand?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ I

Comments:

\_\_\_\_\_ O

V.A.2.c

3. Were you informed about meetings early enough to attend? (IEP meetings, evaluation team meetings, and manifestation determination meetings) YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ I

\_\_\_\_\_ O

\_\_\_\_\_ U

III.A.5.a

Comments:

4. Have your suggestions been used in your IEP? (examples: levels of performance, goals)?

Comments:

\_\_\_\_\_ I

\_\_\_\_\_ O

\_\_\_\_\_ U

V.A.2.d

5. Does the IEP reflect all your educational needs?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ I

If NO, please explain:

\_\_\_\_\_ O

\_\_\_\_\_ U

III.A.9

6. Does the progress report let you know if you will achieve your IEP goals this year?  
YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
I  
\_\_\_\_\_  
O  
\_\_\_\_\_  
U  
III.A.8

Comments: \_\_\_\_\_  
\_\_\_\_\_

7. What does the school do if you are not making progress?

Comments: \_\_\_\_\_  
\_\_\_\_\_

8. Are you receiving the amount of services currently listed on the IEP?

\_\_\_\_\_  
I  
\_\_\_\_\_  
O  
\_\_\_\_\_  
U  
IV.A.1

Comments: \_\_\_\_\_  
\_\_\_\_\_

9. Have your suggestions been used in developing your IEP? (examples: levels of performance, transition, or academic goals)  
YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
I  
\_\_\_\_\_  
O  
\_\_\_\_\_  
U  
III.a.5.b

\_\_\_\_\_

10. Does the IEP team talk about what you want when you leave this facility?"  
COMMENT \_\_\_\_\_

\_\_\_\_\_  
I  
\_\_\_\_\_  
O  
\_\_\_\_\_  
U  
III.a.5.d

\_\_\_\_\_

11. Have you used the Merging Two Worlds Curriculum and/or the Reintegration Portfolio of a Successful Transition?  
YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_